

Simple Switch Kit

Five Simple Steps

1. Open an account by visiting any of our locations. Please bring two forms of ID including a picture ID and an opening deposit of \$100. Start making deposits, initiating payments and using your debit card on your new account.

2. Stop using your old account. Let all of your outstanding checks clear. Destroy any unused checks, deposit slips and debit cards. You should keep your old account open until Step 5 is completed.

3. Change direct deposits. All the forms you need are in our Simple Switch Kit. Simply fill out this form and give it to your employer, the Social Security Administration or your retirement plan.

4. Change automatic payments. Use the form in the Switch Kit to change your automatic withdrawals. Don't forget about the payments you make using your old debit card number such as payments made online.

5. Close your old account when all of your checks have cleared and direct deposits/automatic payments have been changed to the new account. Contact your former financial institution for instructions on closing your old account. You can use the form in the Switch Kit to help you with that process.

Step 3

DIRECT DEPOSIT REQUEST FORM

Date

Company Name

Address

City

State

Zip

Please start making this automatic deposit into my new
account effective _____

Date

Bank of Cadiz & Trust Co.

083901207

New Financial Institution

Routing & Transit Number

Account Number

Please contact me if you have any questions:

Phone Day Evening

Email

Sincerely,

Signature

Name (please print)

Social Security Number

We have compiled a list of popular direct deposits which you
may be receiving in your old account.

Check all that apply and complete a Direct Deposit Request
Form for each.

Current Automatic Deposits

- | | |
|---|---|
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Spouse's Employer |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Interest/Dividends |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Other |



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Step 4

AUTOMATIC PAYMENTS REQUEST FORM

To:

Name of Biller/Provider

Address

City

State

Zip

Account Number with Biller

From:

Customer Name

Address

City

State

Zip

Please

Establish an Automatic Payment from my Bank of Cadiz checking account.

Via

My Checking Account

My Debit Card

OR

Checking Account Number

Debit Card Number

083901207

Bank Routing Number

Debit Card Expiration Date

I have attached a voided check for your information.

(continued on reverse)



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Step 4

AUTOMATIC PAYMENTS REQUEST FORM

This request should take effect:

Immediately

Beginning _____

Additional Instructions:

Not Applicable

If this form is not sufficient to complete this request or if you have any questions, please contact me:

Phone Day Evening

Email

I authorize the Biller/Provider indicated on the reverse side to initiate payments from my Bank of Cadiz checking account. These instructions shall remain in effect until I provide a new written notice.

Signature

Date

Step 5

ACCOUNT CLOSING FORM

To:

Previous Bank

Previous Bank Address

City

State

Zip

Account Number

From:

Customer Name

Customer Address

City

State

Zip

Dear Sir or Madam:

Please close my account described below effective

_____ as indicated below:
Date

Name(s) on Account

Account Number

Account Type

\$

Balance

(continued on reverse)



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Step 5

ACCOUNT CLOSING FORM

- No disbursement of this account is necessary:
 - This account has a zero balance.
 - I have written a check for the balance of my account and have deposited it in my new institution.

- Prepare a cashier's check for the balance of my account payable to:
 - The names listed on the account and mail to:

Thank you for your prompt attention to this matter.

Sincerely,

Customer Signature

Joint Account Holder Signature

Joint Account Holder Signature